

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 563455

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2							
3	2		1				
4							
5							
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35							
36			1		1		
37							
38							
39							
40			3				
41			3				
42			3				
43			3				
44							
45							
46							
47							
48							
49							
50							
TOTAL IND.			2				
TOTAL DEP.			48				
TOTAL CLAIMS			50				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
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99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							